		Request to	Appea	ır Befo	re	
		The Durha	•		cil	
		At the V	Vork Se	ession		
Date:	2013-06-	02				
Session Date:	July 25, 2013					
First Name:	Alicia Sidney-Vick Last Name:					
Address:	2605 Kirby St					
City:	State: Zip Code:					
Email:						
Phone Number:		919-886-73	311	(###)#	<b>###-####</b>	
Fax Number:				(###) #	t##-####	
Organization	nted: Vick F	amily	'			
may discourage population are refund and my explained that that are unread on't have mooutrageous rewould be a cleaddress the me Have you cothis matter?	iving issues notice that the executive exactisfied we payment at an arrange asonable. If some yand the connection ear sign that atter of the mmunicate Yes he Outcon	associated with the decision mass from being a ith their service greement was ment for me to someone does by are being pufees. And becathere may be lopsidedness ited with the	aking tear ble to fol e. I was t broken s o pay ove not pay t inished for iuse I not imbalance in decisio	m is 100% low a pla old that old on't rtime m heir water not hariced there in an on making	6 male. I won that ensur the city alreaget another eans that I a er bill it probying money I e is an all marganization, policy.	rry the imbalance es a diverse ady extended me a
Non-satisfa	ction.					
Presentation	-	-	ting a p	ower po	oint prese	ntation or a
video? 🗆 `	Yes ⊻ No	)				
*Please note	e that vou	are permit	ted 3 m	inutes	to speak a	and make your
presentation		•			•	•

This form must be submitted to the Agenda Coordinator by **Monday at 5:00 p.m.** ten calendar days prior to the City Council Work Session meeting at which you wish to speak. Once this form is submitted, no further reminder will be given. Citizens may call the Agenda Coordinator's Office at 919-560-4222 to confirm receipt of this form.